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Humanitarian Situation Report No. 4

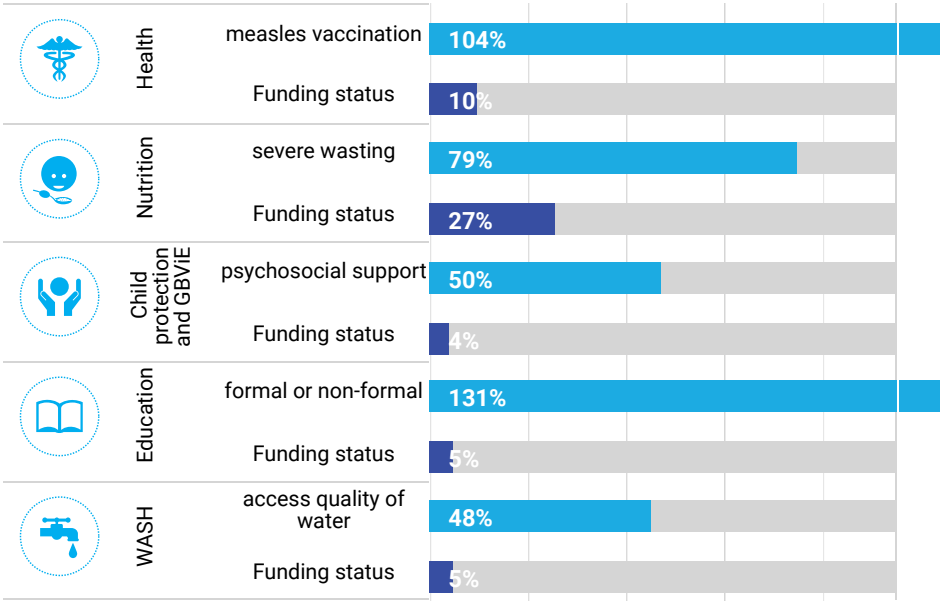
Reporting Period
1 January to 31 December 2025

Burkina Faso

HIGHLIGHTS

- In 2025, 2.73 million children received humanitarian assistance across Nutrition, Health, Child Protection, WASH and Education sectors.
- 110,006 children under five (including 57,203 girls) were treated for severe acute malnutrition (SAM) at facility and community levels — achieving 79% of the annual target.
- 314,971 children aged 6 months to 14 years were vaccinated against measles, representing 74% of the initial HAC target.
- 139,359 people, including 72,467 children, gained access to safe drinking water in the regions of Yaadga, Liptako, Koulse, Bankui, and Goulmou.
- 588,369 children (55% girls) accessed learning opportunities through alternative education modalities, including radio programmes and temporary learning spaces.
- As of 31 December 2025, Burkina Faso had received only 11 per cent of the initial requirements and 17 per cent of the addendum of the appeal for Humanitarian Action for Children (HAC) 2025, underscoring the urgent need for increased donor support.

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS

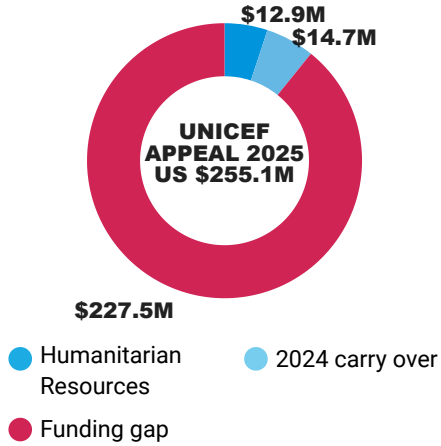
3,278,215
Children in need of humanitarian assistance

5,915,136
People in need of humanitarian assistance

2,031,499
People in need of health assistance

1,992,887
Children in need of access to school

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

In 2025, UNICEF made a US$255 million appeal to address the multisectoral humanitarian needs of children in Burkina Faso in 2025. Following the funding crisis with the withdrawal and reduced support of some donors, the Humanitarian Country Team recommended to reprioritize essential life-saving activities and focus on the most affected areas. The appeal was revised in mid-2025 to US$161.2 million, with the target population adjusted from 3,116,592 to 2,629,989 people, including 2,469,533 children, to better prioritize those most in need. By the end of December 2025, a total of US$27,582,981 had been mobilized, including a carry-forward balance of US$14,686,689 from 2024, representing only 11 per cent of the initial requirements and 17 per cent of the revised appeal.

UNICEF Burkina Faso expresses its profound gratitude to all its partners for their steadfast commitment and generous support. We warmly acknowledge the contributions of the Governments of Belgium, Canada, Germany, Japan, Norway, Burkina Faso, the Swedish International Development Cooperation Agency (SIDA), the Republic of Korea; Gavi, the Vaccine Alliance; the European Commission/ECHO; USAID; the United States Department of State; the Agence Française de Développement (AFD); the UNICEF National Committee of Germany; the United States Fund for UNICEF; the King Salman Humanitarian Aid and Relief Centre (KSrelief) and the Saudi Esports Federation (SEF) through UNICEF Gulf Area Office, along with the consolidated support from UNICEF National Committees, whose contributions have been invaluable in advancing results for children in Burkina Faso.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Burkina Faso continued to experience a highly volatile and complex security environment, resulting in extensive humanitarian needs and severely restricted access. Violence continue to be reported across multiple regions, including ambushes, improvised explosive devices, checkpoints, and an increasing use of drones which is an emerging and evolving threat. These dynamics further heightened risks for civilians and humanitarian personnel, while reducing the predictability of movements along critical supply corridors.

Humanitarian access remained extremely limited in conflict-affected areas, due to ongoing insecurity, sabotage of strategic routes, and deteriorating road infrastructure. These constraints led to frequent delays or suspensions of humanitarian operations, impeding the delivery of essential health and nutrition supplies, WASH services, and education support, particularly in hard-to-reach locations.

The crisis continued to cause large-scale displacement. Although there are no updated official figures on internal displacement, such movements are still being reported. This indicates ongoing, significant population movements driven by insecurity, and humanitarian needs therefore remain high. However, in 2025, the relative improvement of security conditions in some areas made possible the return and resettlement of 1,097,622 Internally Displaced Persons (IDPs) to their places of origin. This positive development was particularly evident in the Koulse region, notably in communes such as Kaya, Pissila, Barsalogho, Kongoussi, and Sabcé, where several schools and other basic social services have also reopened. At the same time, returnees continued to encounter difficulties in accessing basic services, and the vulnerabilities of internally displaced people and host communities was further compounded.

The Sourou and Bankui regions (formerly Boucle du Mouhoun) alone received more than half of the newly displaced population, peaking in April 2025. Other significantly affected regions included Nakambé, Yaadga, Liptako, and Koulsé, all facing mounting pressure on already limited basic services.

The sudden arrival of IDPs particularly in the Boucle du Mouhoun, surpassed existing operational capacities, requiring additional resources and partners to meet urgent needs.This context has created urgent needs for basic services, including food security, water, sanitation and hygiene (WASH), health, nutrition, and protection.

In the Liptako region, the main road (Route Nationale 3) linking Kaya to Dori—which has required convoys for several years—showed a slight improvement in security: no major IED-related incidents were recorded over the past six months, and convoys were able to move without significant disruption. However, the frequency of convoys remains low, resulting in prolonged shortages of fuel and essential goods in Dori and surrounding localities. These shortages have triggered prices spikes, further increasing the vulnerability of local populations.

In 2025, an estimated 5.9 million people—including approximately 3.4 million children—required humanitarian assistance, reflecting the scale and severity of the crisis.

Following the funding crisis, with several traditional donors reducing or withdrawing their support—a trend also observed in other crisis-affected countries—the Humanitarian Country Team recommended a prioritization exercise. As a result, the overall number of people and children to be reached was reduced by 16 per cent and 12 per cent respectively across all sectors. The only exception was the nutrition sector, which adjusted its target for children with severe wasting admitted for treatment by a smaller reduction of 7 per cent.

The overall prioritization exercise has upheld the geographical targets in locations classified with severity level 4 and above, across the six previous emergency Regions: Centre-North, North, Sahel, Boucle du Mouhoun, East and Centre-East regions

Despite the challenging humanitarian context, UNICEF and its partners implemented a multi-sectoral response to protect lives and restore dignified living conditions for the most vulnerable populations.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

In 2025, Burkina Faso continued to experience a complex humanitarian and health crisis driven by persistent insecurity, population displacement, and recurrent disease outbreaks. Escalating insecurity severely restricted population movements and limited the deployment of health personnel, while the closure or minimal functionality of numerous health facilities reduced access to essential health services. These constraints disproportionately affected children, pregnant women, and lactating mothers, increasing risks of preventable morbidity and mortality, including maternal and neonatal deaths, and heightening vulnerability to epidemics such as measles, polio, yellow fever, hepatitis E, and other public health threats.

To mitigate service disruptions, UNICEF prioritized community-based health interventions to ensure continuity of essential services.

As a result, 322,950 children and women accessed essential services, representing 78 per cent of the revised HAC target. Core health activities, including routine and outreach vaccination, home-based follow-up of pregnant and lactating women, and essential newborn care, were delegated to trained community health workers. This approach strengthened last-mile service delivery in areas where health facilities were closed or operating at reduced capacity.

At the facility level, UNICEF supported operational health structures through the supply of emergency medical kits, essential consumables, tents, vaccines, and solar-powered refrigerators to maintain cold-chain capacity in remote locations. Investments in a resilient supply chain improved availability of essential medicines and vaccines.

UNICEF also supported access to life-saving services through the provision of essential supplies to collect 20,000 units of blood products as well as supplies and equipment for the reopening of 30 closed health facilities.

Preventive interventions to reduce vector-borne diseases were implemented among displaced populations. A total of 16,130 displaced households received insecticide-treated mosquito nets, contributing to malaria and dengue prevention. However, coverage reached only 69 per cent of the planned target, reflecting access challenges and funding constraints.

Epidemic preparedness and response remained a critical priority. UNICEF supported outbreak control through targeted response interventions and the establishment of a contingency stock of 250,000 doses of measles vaccine, enabling rapid deployment. As a result, 314,971 children aged 6 months to 14 years were vaccinated against measles, achieving 74 per cent of the initial HAC target.

In early 2025, following the detection of an isolated poliovirus case in a three-year-old child in Diapaga health district, UNICEF supported two rounds of novel oral polio vaccine type two campaigns across 26 high-risk districts. More than 4.2 million doses were administered, including in hard-to-reach areas, with reported coverage exceeding 100 per cent. In addition, 879,730 people were vaccinated against yellow fever during a response campaign in September 2025 in four affected districts.

Despite these achievements, significant gaps persist. Coverage remains partial, leaving vulnerable groups without essential healthcare. Severe funding constraints limit the scale and geographic coverage of interventions, particularly epidemic response and health facilities reopening. Following the HAC revision, the health sector received only 23 per cent of required funding in 2025. Persistent insecurity, shortage of qualified health personnel, and resource scarcity continue to undermine service delivery and preparedness. Urgent additional funding is required to sustain services, expand immunization coverage, strengthen community health systems, and strengthen emergency preparedness nationwide.

Nutrition

The nutrition situation in Burkina Faso remains critical, with acute malnutrition prevalence exceeding the WHO emergency threshold in the regions of Bankui, Sourou, Koulsé, Goulmou, Tapoa, Sirba, Yaadga, Liptako and Soum. These regions are the most affected by the security and humanitarian crisis, population displacement, limited access to basic social services and persistence of food insecurity. Despite ongoing insecurity and funding challenges, UNICEF and its partners made significant progress in addressing the nutritional needs of children in Burkina Faso by implementing innovative and integrated approaches.

• Out of the 139,048 children under five with severe acute malnutrition (SAM) expected in 2025, 110,006 (57,203 girls) were treated in health facilities and at community level, representing 79 per cent of the target.

This coverage is lower than the previous year's one, due to the limited humanitarian access and the closure of health facilities in hot spot areas.

Among these children with SAM, 16 per cent benefited from inpatient care, and 60,784 SAM children treated come from the nine priority fragile regions: Bankui, Sourou, Koulsé, Goulmou, Tapoa, Sirba, Yaadga, Liptako, and Soum. Despite operational constraints, programme performance remained conform with international SPHERE standards: with cure rate: 92 per cent, default rate: 6.2 per cent and death rate: 1.4 per cent.

• For early detection, acute malnutrition mass screening was integrated into five seasonal malaria chemoprevention campaigns, monthly from July to October 2025, and vitamin A supplementation days in June and November 2025, allowing the screening of 2,136,067 (106%) children aged 6–59 months and the referral of 9,552 SAM and 27,184 MAM cases to health facilities. UNICEF also supported the expansion of the Family MUAC approach with 324,922 caregivers trained and equipped with MUAC, to support community-based screening of 304,914 children through MUAC measurement, oedema detection and early referral of acute malnutrition.

• In the most fragile areas, through partnerships with nutrition cluster partners, UNICEF provided integrated and multisectoral responses and supported the expansion of community-based treatment approaches in Koulsé, Goulmou, Tapoa, Sirba, Liptako, and Soum regions, allowing 9,190 SAM children to be treated by community health workers with adequate performance. In addition, health staff from the 17 health regions were trained on alternative CMAM approaches in emergency contexts.

• UNICEF continued to ensure the provision of essential nutrition supplies for nutrition emergency response, covering 100 per cent of the needs for therapeutic milks (F75, F100) and ReSoMal, and 80 per cent of the RUTF needs, contributing to prevent stockouts in health facilities and to ensure the continuity of nutrition services.

• UNICEF improved humanitarian access through the support to alternative logistics processes, including private transporters and UNHAS flights, enabling the delivery of more than 42 metric tons of nutrition supplies (RUTF, F75, F100 and ReSoMal) to hard to reach areas.

• UNICEF continued to support health system strengthening, including capacity building of health actors through training and supervision, provision of medical equipment to health facilities, and the development of national review and update of the management of acute malnutrition protocols and tools based on 2023 WHO recommendations.

In 2025, malnutrition prevention interventions led to significant progress in hard-to-reach areas, where populations remain the most exposed to nutrition risks.

A total of 589,266 pregnant and lactating women (PLW) received IYCF counselling through 37,629 GASPA groups, achieving 131 per cent of the HAC target. Regarding supplementation, 230,748 children received MNP, and 550,633 children benefited from SQ-LNS, including 214,259 through UNICEF support. In 2025, UNICEF also supported the Nutrition Directorate in expanding SQ LNS supplementation in humanitarian regions where 1,228,322 children aged 6–59 months received Vitamin A supplementation, deworming and acute malnutrition screening. Out of the screened children, 19,932 new MAM cases and 10,506 new SAM cases were identified and referred for treatment.

Child protection, GBViE

Continued and prolonged displacement has weakened community protection mechanisms, exposing children and their families to increased risks, including family separation, violence, psychosocial distress and social exclusion.

In 2025, despite humanitarian access constraints and reduced funding, UNICEF, in collaboration with its implementing partners, continued and strengthened interventions to ensure the continuity and accessibility of child protection services for children and communities affected by emergencies. Over the year, 249,591 people, including 195,314 children (108,736 girls) and 54,277 caregivers (35,106 women), benefited from community-based psychosocial support services, representing 50 per cent of the annual target. Among these, 1,436 individuals were living with disabilities (1,197 children and 239 caregivers).

Persistent displacements continued to cause family separations. Through identification, referral, and case management mechanisms, 1,862 unaccompanied or separated children (968 girls) were identified and documented, benefiting from appropriate alternative care solutions, covering 30 per cent of the annual target. A total of 4,638 vulnerable children—including 2,709 girls—were identified, documented, and provided with individualized care through case management, among whom 13 were children with disabilities (8 girls). Additionally, 3,542 children from vulnerable families received individual child protection kits, including 2,136 girls and 42 children with disabilities (22 girls).

Life skills development activities reached 13,565 adolescents (8,014 girls and 5,551 boys), including 169 adolescents living with disabilities (87 girls), helping to strengthen their resilience, coping skills, and empowerment.

With regards to birth registration, 8,572 people, including 8,096 children (4,367 girls), 38 children with disabilities (25 girls), and 476 adults (262 women), received support in obtaining birth certificates, which are essential for accessing education and other basic social services.

Eighty-eight children who were victims of improvised explosive devices received psychosocial and other appropriate support. Services to prevent gender-based violence reached 146,899 people, including 84,910 children and 61,989 adults, enabling the identification and care of 1,875 survivors or people at risk, who received psychosocial support to strengthen resilience and social reintegration, while 1,500 solar lamps and 1,000 dignity kits were distributed to women and girls at risk. Finally, 1,000 children, including 495 girls and 42 children with disabilities, received school and recreational kits, supporting their well-being, protection, and continued participation in an inclusive and safe learning environment

Education

During 2025, education system in Burkina Faso continued to face significant disruptions, despite ongoing efforts to restore access to schooling. Although 1,722 schools had reopened by 31 May 2025 , a significant number of schools remain closed. As of 31 March 2024, 5,319 schools—around 20 per cent of the education infrastructure—were
not operational, affecting over 818,000 children and 24,300 teachers. School closures have resulted in temporary or permanent drop-out, relocation of schools, and increased pressure on facilities in host areas. Despite ongoing reopening efforts, substantial needs persist to ensure continuity of learning. Throughout 2025, UNICEF provided ongoing support to the Ministry of Basic Education (MEBAPLN) and the Ministry of Post-Primary, Secondary, Technical and Vocational Education (MESFPT) to ensure continuity of learning for children affected by insecurity.

During this period, 588,369 children—55 per cent of whom were girls—were
able to access education through alternative modalities, including radio-based learning and temporary learning spaces. Of these, 445,347 children (57 per cent girls) participated in radio education, delivered via broadcasts or community listening clubs, which enabled them to sustain structured learning routines despite the challenging context.

By November 2025, MEBAPLN began broadcasting a revised version of the radio education programme (PEDIR), which was developed with support from UNICEF, ensuring its alignment with the accelerated learning strategy (SSAP)

Several non-formal education initiatives remained a vital lifeline, enabling out-of-school children affected by the ongoing crisis to continue their learning and, when possible, reintegrate into the formal education system. A total of 9,198 children (46 per cent girls) attended accredited accelerated learning programme SSAP centers, while 1,139 talibés enrolled in Qur'anic schools implementing modern curricula in humanitarian settings. Additionally, 15,935 children (52 per cent girls) benefited from catch-up programmes designed to support their reintegration into formal schooling. Furthermore, 1,649 children (56 per cent girls) attended classes in more than 20 Centre Banma Nuara (CBN) centres, where they acquired basic literacy and numeracy skills, preparing them to transition back to school. Vocational training was also expanded for adolescents in crisis-affected areas. Over three- to six-month duration sessions, youth were trained in areas such as mechanics, hairdressing, poultry farming, weaving, solar energy, and pastry making. By the end of the year, 1,720 adolescents (49 per cent girls) received technical training and business start-up kits, improving their economic prospects and community resilience.

To increase hosting capacity, temporary learning spaces, including semi-finished classrooms, were established, benefiting 8,641 children (52 per cent girls). To ensure quality instruction, 810 teachers and facilitators (42 per cent women) received training in accelerated learning, emergency alternative classes, safe school approaches, and psychosocial support. In the last quarter of the year over 120 inspectors (20 per cent women) were also trained on similar modules, following the Ministry's cascade approach to training.

During the year, UNICEF distributed 183,429 individual school kits to children enrolled in educational alternative programmes, in emergency areas, and through the national Back-to-School campaign in the 12 emergency regions. This campaign included the distribution of 143,009 kits for formal primary education, 35,752 kits for post-primary education, and 4,668 kits for alternative education programmes.

These kits were transported by air and road across the seventeen regions of Burkina Faso, with the aim of improving children's learning conditions.

The Ministry of Education led an extensive awareness campaign, supported by UNICEF, spreading key messages through radio, social media, community events, and printed materials with key messages on school attendance, gender equality, and the inclusion of children with disabilities.

Overall, these interventions expanded educational access and continuity for crisis-affected children, with coordinated efforts between the Government, UNICEF, and partners delivering flexible solutions that safeguarded the right to education and reinforced

community resilience nationwide.

Water, sanitation and hygiene

During the year, WASH interventions carried out by UNICEF and its partners improved access to drinking water, sanitation and hygiene for vulnerable populations, particularly in areas affected by displacement and epidemics.

Around 139,359 people, including 72,467 children, were able to gain access to drinking water in the Yaadga, Liptako, Koulsé, Bankui and Gulmu regions.

A total of 18,975 m³ of water was delivered through water trucking in these regions, particularly in the communes of Djibo, Arbinda, Titao, Ouahigouya, Sollé and Dédougou, meeting the basic water needs of approximately 24,751 people. In terms of durable water solutions, 10 piped water supply systems (PEA) were constructed, and 12 hand-pumped boreholes (PMH) were upgraded into PEA in the Kuilse and Gulmu regions.

In addition, 44 water points were rehabilitated across the Yaadga, Liptako, Bankui and Gulmu regions, particularly in Djibo, Sebba, Kelbo, Sollé, Oula and Bondokuy, while seven (07) PEA are under finalization, expected to serve 15,750 people. Furthermore, in the Gulmu region, seven high-yield boreholes were integrated into the National Office for Water and Sanitation (ONEA) network in Fada N'Gourma, strengthening urban water supply systems.

Regarding sanitation, 76,732 people in humanitarian situations, including 42,988 children, accessed appropriate sanitation services through UNICEF-supported interventions. A total of 369 semi-durable latrine-shower facilities were constructed in households and IDP sites in the communes of Ouahigouya, Sollé and Titao, complemented by the rehabilitation of 40 latrine-shower facilities. In addition, 325 Ecological Sanitation (ECOSAN) household latrines were constructed in the communes of Dédougou and Boromo, and 10 ECOSAN latrines were built at market-gardening sites and at household level in the communes of Diapangou, Diabo, Tibga and Fada, contributing to sustainable sanitation. Also, as part of the program to strengthen community resilience to the effects of climate change, 18 masons, including 02 women, were trained in the construction of ECOSAN ecological latrines

In hygiene, 180,298 people in humanitarian settings accessed appropriate hygiene services. 357 hygiene promotion sessions reached 25,060 people in Djibo, Kelbo, Arbinda, Sebba, Solhan, Titabé and Bani, with an additional 6,878 people reached through community activities. The response included the distribution of hygiene, dignity, mother-and-child and water purification kits to IDPs and host communities, especially in Pissila and Lebda. Menstrual hygiene management (MHM) was strengthened through the distribution of 4,226 MHM booklets to schoolgirls in the Gulmu region.

Cross-sectoral (AAP, SBC, and PSEA)

UNICEF has implemented multisectoral interventions focused on social and behavioral change (SBC), community engagement, and accountability to affected populations (AAP) across several regions of Burkina Faso facing humanitarian, security, and social shocks. These efforts have targeted regions including Liptako, Yaadga, Koulsé, Goulmou, Nakambé, Bankui, Tannounyan, Djôrô, and Oubri, and have addressed sectors such as health, child protection, education, gender, and adolescent and youth engagement. Particular emphasis has been placed on supporting internally displaced people, host communities, and other vulnerable groups.

In the health sector, social and behavioral change (SBC) interventions significantly strengthened community adherence to vaccination practices, particularly during polio vaccination campaigns.

As a result, more than 1,880,000 children were vaccinated, with 97 percent of informed parents mobilized and the refusal rate remaining below 1 percent. These achievements were made possible through the active engagement of 6,500 community leaders and 45 bloggers and digital influencers, who played a key role in countering misinformation and building community trust. Additionally, nearly 30,000 people participated in community dialogues on routine immunization, and 64 health workers received training on the social and behavioral dimensions of epidemiological surveillance

In the child protection sector, over 1.5 million individuals were reached with awareness-raising initiatives on the abandonment of harmful practices, such as female genital mutilation, child marriage, and various forms of violence. These initiatives utilized diverse community-based communication channels to maximize outreach. The impact of these efforts was further enhanced by 40 community and intergenerational dialogues, engaging 837 participants in open discussions to foster collective solutions.

Social and Behaviour Change (SBC) interventions in the education sector reached more than 1.5 million people with targeted messaging on inclusive education, alternative learning pathways, and education in emergency settings. These interventions contributed to increased community demand for children's access to and continued participation in schooling, including in areas affected by displacement

Through coordinated communication and community engagement approaches, the interventions contributed to promoting a supportive environment for learners and improving understanding the importance of sustained education despite crisis-related disruptions.

Adolescents and young people were mobilized as agents of change through integrated approaches combining awareness-raising, life skills development, leadership strengthening and digital engagement, with a particular focus on emergency-affected areas such as the North of the country. In this context, 75 U-Reporters, 144 youth leaders, and 36 bloggers and influencers were trained to strengthen community-level and digital advocacy efforts in support of child rights and civic engagement. Digital behaviour change campaigns reached more than 3 million people, significantly amplifying key health and protection messages.

In terms of accountability, UNICEF, as co-lead of the Community Engagement and Accountability Working Group (CEAWG) and through its support for the development of the National AAP Strategy 2025–2027, ensured robust inter-agency coordination of community engagement and accountability to affected populations (AAP). More than 21,600 pieces of community feedback and complaints were collected through established mechanisms, enabling the continuous adaptation of social and behavioral change (SBC) interventions to ensure a more relevant, inclusive, and community-centered humanitarian response

Adolescent and Youth Engagement

Throughout 2025, adolescents and young people played a pivotal role in Burkina Faso's humanitarian response, particularly in crisis-affected regions such as the Liptako, Yaadga, Koulsé, Bankui. Despite insecurity and limited access to services, they mobilized as volunteers, peer educators, and youth leaders to support health, child protection, social cohesion, and civic engagement. Working in collaboration with government counterparts, partners, and UNICEF, they contributed to expanding lifesaving information and essential services for crisis-affected communities.

In the health sector, approximately 80 young female U-Reporters and members of the Heroines du Faso Network supported the national human papillomavirus (HPV) vaccination campaign.

Through community and digital outreach, 641 girls were vaccinated against HPV and 719 young people accessed HIV/AIDS screening services. To sustain adolescent girls' leadership, 10 girls' clubs were established to promote peer education and the "Girl-to-Girl" approach in sexual and reproductive health.

In child protection and nutrition, U-Reporters identified and referred more than 2,800 vulnerable children, including 1,900 children suffering from moderate acute malnutrition (MAM) or severe acute malnutrition (SAM).

Their follow-up contributed to the recovery of 150 children. They also helped secure over 220 birth certificates, referred 50 children for healthcare, and supported the reintegration of 34 out-of-school children in emergency-affected communities.

Youth-led awareness initiatives reached over 6,000 people with messages on children's rights, nutrition, vaccination, blood donation, peace, and social cohesion.

These efforts resulted also in the collection of 147 units of blood for health facilities facing shortages. Economic empowerment activities progressed in the Liptako and Soum regions through Youth Savings and Loan Associations (YSLAs). A total of 130 young people, including 112 girls (98 in Dori and 14 in Sebba), participated across six YSLA groups, strengthening solidarity, community savings, and resilience. Additionally, more than 200 young people completed training on citizenship, civic education, financial literacy, leadership, creativity, and practical skills.

The Safe Ado Programme (Safe Adolescent Programme) achieved a 94 per cent implementation rate, confirming its importance for adolescent well-being in emergencies. Through safe spaces, life-skills development, psychosocial support, and participation opportunities, it continues to help adolescents access essential services and build resilience despite insecurity. Ahead of the Girls' Summit in Dakar, Burkina Faso ensured the inclusion of girls from emergency-affected regions in shaping the regional Girls' Agenda. Forty adolescent girls from Gaoua, Kaya, Dori, and Fada, including girls from Liptako crisis zones, participated in focus groups to express their priorities and challenges. Additionally, around 3,150 rural youth contributed to online U-report surveys informing the agenda. Two girls, from Kaya and Dori, participated in the Dakar Summit, ensuring that voices from insecure communities influenced regional commitments. In a context where insecurity limits access to youth-friendly services, the rehabilitation of the Centre d'Écoute et de Dialogue pour Jeunes (CEDJ), or Youth Listening and Dialogue Center, in Ouahigouya was essential. The upgraded facility now provides a safe, functional environment for mentorship, psychosocial support, awareness-raising, and child protection, ensuring continuity of services for crisis-affected adolescents.

Prevention of Sexual Exploitation and Abuse (PSEA)

During the reporting period, UNICEF, in collaboration with its partners and the inter-agency PSEA network, carried out awareness-raising and capacity-building activities targeting UNICEF personal, implementing partners and affected communities.

These interventions included trainings, community engagement sessions and mass communication initiatives. In total, 3,673,408 individuals were reached through these activities, with varying levels of exposure and outcomes. All of them were sensitized on safe reporting and complaints mechanisms, alongside other key PSEA-related topics, through a combination of community-level and partner-level outreach, as well as radio awareness campaigns.

These efforts aimed to strengthen knowledge of available safe channels and promote their use in a confidential and secure manner. As a result of these interventions, 1,746,695 men, 1,743,511 women, 101,931 girls and 81,706 boys are able to access safe channels in confidentiality.

Social protection

UNICEF supported the rollout of the national social registry to identify most vulnerable individuals/households, including IDPs, so that they could benefit from social protection programs such as economic inclusion measures that will ensure their recovery and economic empowerment through the implementation of Village Savings and Loan Association (VSLA).

65 VSLA groups will be set up to help strengthen the resilience of IDPs. They will also benefit from training in micro-entrepreneurship and better management. UNICEF's support will be instrumental in laying the groundwork for the successful implementation of social protection activities.

The emphasis on training and capacity building is expected to have a long-term impact on the program's sustainability and effectiveness. The identification of the VSLA groups and the provision of social protection packages to beneficiaries demonstrate UNICEF's commitment to supporting vulnerable populations in Burkina Faso.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

CHILD PROTECTION Area of Responsibilities (AoR)

The CPAoR operated in an environment marked by reduced funding for the 2025 Humanitarian Response Plan (HRP), which created significant challenges for the implementation of planned activities. Indeed, only nine per cent of the US$53M were mobilized to assist over 750,000 targeted children identified in need of child protection services. Despite this reduction in funding and access challenges, the CPAoR and its partners were able to provide a coordinated, quality response to vulnerable children. The efforts and commitment of child protection actors enabled to assist 298,728 children, including 162,448 girls, with 1,638 children with disabilities (832 girls), representing 40 per cent of the sectoral target. They have all benefited of mental health and psychosocial support services. Among them, 2,165 unaccompanied or separated children (1,137 girls), including 20 children with disabilities (6 girls), received individualized care through case management. Furthermore, 21,965 vulnerable children (11,589 girls) were supported in obtaining their civil registration documents; 16,835 adolescents (9,937 girls) had their life skills strengthened; 27,928 children from vulnerable families, including 18,541 girls, received individual child protection kits; and 9,257 children, including 5,538 girls exposed to risks or victims of physical or psychological violence or the worst forms of child labor, were protected.

To strengthen intersectoral integration, the CPAoR and the Food Security Cluster, in collaboration with Terre des Hommes Suisse, organized a training session for partners on integrating child protection and food security in humanitarian action. This session aimed to strengthen collaboration between these two sectors and promote coordinated approaches to improve joint outcomes for children affected by humanitarian crises.

Over the past year, the CPAoR continued to collaborate closely with other Areas of Responsibility (sister AoRs) and other clusters (Protection, Health, Nutrition, WASH, etc.) to ensure child protection needs are considered cross-cuttingly.

As part of the global Humanitarian Reset led by the Emergency Relief Coordinator, the IASC (Inter Agency Standing Commitee) Principals agreed on 17 June 2025 to reduce the overall number of clusters/Areas of Responsibility (AoRs) from 11 clusters and 4 AoRs to 8 clusters. This includes the consolidation of the Child Protection (CP), Gender-Based Violence (GBV), and Mine Action AoRs into one integrated Protection Cluster, and the integration of the Housing, Land, and Property (HLP) AoR into a new cluster together with Shelter/Non-Food Items (NFI) and Camp Coordination and Camp Management (CCCM).From October 2025, a guidance letter on this cluster/AoR simplification was shared. It clearly specifies that the CPAoR will become part of one consolidated, integrated Protection Cluster. At the country level, discussions are ongoing to provide a final decision.This change in operational dynamics, in addition to funding uncertainty while child protection needs are increasing, calls for every child protection actor to rethink different ways to maintain the momentum, advocate for child protection, and ensure no child is left behind. Addressing these challenges will be a focus for the CPAoR in 2026.

EDUCATION CLUSTER

The Education Cluster has made significant progress in addressing the country's educational challenges. Several training sessions were conducted for member organizations on Rapid Response Mechanism (RRM) guidelines and data reporting. Emphasis was placed on advocacy, support to partners—especially local ones—and fundraising to maintain continuity of learning in crisis-affected areas. With the generous support of UNICEF and ASDI, the cluster was able to mobilize US$ 761,000 for integrated rapid response activities in four regions, targeting 82,000 school-aged children in areas facing severe emergencies.

Throughout 2025, member organizations of the cluster carried out numerous activities despite insufficient funding for the humanitarian response plan (35 per cent of the required US$ 43 million). In total, 201,000 children benefited from formal education activities, 82,000 children were supported through non-formal education opportunities, 277,000 school kits were distributed, 24,000 children accessed alternative learning modalities, and 112,000 children received psychosocial support (PSS). A localization initiative was implemented in partnership with Save the Children International (SCI) and funded by the PostCode Education Trust, providing four national organizations with operational training, cluster coordination mentoring, and US$ 60,000 each to conduct emergency education activities, thereby strengthening local capacities to ensure educational continuity.

Several consultations were held with decentralized services and regional education coordinations to determine the educational needs of municipalities affected by the crisis and to develop an appropriate strategy to assist as many vulnerable children as possible, particularly in hard-to-reach areas, for the 2026 humanitarian response plan. Indeed, obstacles such as lack of school fees, insecurity, and ongoing population displacement have contributed to delayed access to education for many vulnerable children. Priority was therefore given to keeping reopened schools operational through various activities aimed at facilitating the reintegration of out-of-school children. Alongside intensified efforts to reintegrate out-of-school children, activities to strengthen children's integration capacities were carried out, as well as support with individual and recreational kits and the provision of emergency school canteens to help keep children in school.

By December, only 35 per cent of the US$43.5 million required for the 2025 Humanitarian Response Plan had been received. This funding gap threatens the continuity and scale of interventions, while increasing children's exposure to protection risks.

NUTRITION CLUSTER

In 2025, thanks to the coordination efforts of 52 partners who implemented activities in 243 communes, including 89 of the 102 priority communes of the HNRP, the Nutrition Cluster, despite the lack of funding, provided life-saving assistance to 283,685 people, representing 45 per cent of the annual target and 21 per cent of the sector needs. Among these populations, 76,425 (46.5 per cent) children under five years were treated for acute malnutrition, including 26,416 (32 per cent) suffering from Severe Acute Malnutrition (SAM) and 50,009 (59 per cent) from Moderate Acute Malnutrition (MAM).

To prevent malnutrition 26,958 (62 per cent) pregnant and lactating women received LNS, 72,215 (45 per cent) children aged 6 to 23 months benefitted of blanket feeding, and 120,470 women of counselling for Infant and Young Child Feeding in Emergency (IYCF-E) practices. However, 13 priority communes remain unreached due to limited security access

WASH CLUSTER

In 2025, the WASH Cluster humanitarian response in Burkina Faso reached 395,853 individuals, achieving 23 per cent of the annual target. Specifically, 400,980 people were reached with access to safe water (24 per cent of the target), 257,827 with hygiene services (21 per cent), and 163,533 with sanitation interventions (15 per cent). While these achievements are encouraging in a context marked by insecurity and large-scale population displacement, they remain significantly below the actual needs, primarily due to severe funding shortfalls—only US$6.3 million has been mobilized out of the US$95.2 million required for 2025.

In response, the WASH Cluster coordination team has continued its efforts to enhance the quality and effectiveness of interventions, with a strong focus on regular activity monitoring through the 5W tool and systematic analysis of the rapid response provided to alerts registered on the GCORR platform. To strengthen the national rapid response mechanism, the coordination actively conducted support missions for regional WASH clusters in the regions of Kuilse, Bankui, Sourou, Liptako and Soum, participated in the second technical session with the WASH Technical Secretariat and government stakeholders. In parallel, several structuring initiatives were undertaken to reinforce sectoral governance, including the organization of the 2024 annual review workshop and presentation of the 2025 Annual Work Plan, the update and sharing of three analytical notes on attacks against water infrastructures, and targeted training sessions for regional clusters on coordination, and for partners on how to complete the 5W reporting matrix. The Cluster also contributed to intersectoral resilience building efforts by participating in the national workshop to validate the WASH sector's vulnerability assessment to humanitarian emergencies and climate change, as well as in the scenario planning session conducted in preparation for the national multi risk preparedness and response simulation exercise. In collaboration with other humanitarian sectors, the cluster participated in the Humanitarian Programme Cycle (HPC) process for determining the cluster's PIN and target for planning the 2026 humanitarian response. The cluster also supported the Directorate General of Sectoral Studies and Statistics for the collection and consolidation of data on WASH accounts to guide decisions and advocacy for funding in the sector, the analysis of Regional Humanitarian Fund for West and Central Africa (RHFWCA) projects for the allocation of reserve funds and Anticipatory Action.

Despite these efforts, the limited funding and access constraints continue to seriously hamper the scale and coverage of the response, particularly in high-needs areas.

The WASH Cluster reiterates its urgent call for increased resource mobilization and stronger engagement from technical and financial partners to support a WASH response that is dignified, equitable,

and commensurate with the scale of humanitarian needs.

Main challenges include:

• Security constraints, creating increase in sector needs and decreased access,

• Sabotage and degradation of WASH infrastructures

• Significant funding gaps in the sector

• Demographic pressure related to displacements

• Variable operational capacities of partners

• Logistical and supply constraints

• Limitations in data collection and monitoring, particularly the implementation of statistical validation and targeted data collection

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Communiqués de presse

https://www.unicef.org/burkinafaso/communiques-de-presse/ED

https://www.unicef.org/burkinafaso/communiques-de-presse/ECW

https://www.unicef.org/burkinafaso/communiques-de-presse/17vehicules

https://www.unicef.org/burkinafaso/communiques-de-presse/stock-daliments-therapeutiques

https://www.unicef.org/burkinafaso/communiques-de-presse/lue-unicef-education-protection

https://www.unicef.org/burkinafaso/communiques-de-presse/jme2025

- L'enlèvement d'enfants, un phénomène à bannir | UNICEF
- Latrines ecolos
- 80 ans des Nations Unies : Constant Bance, un maillon de la chaîne du bien-être des enfants
- À Djibo, les écoles de la seconde chance reconstruisent l'avenir des enfants déplacés
- GASPA : un bol d'espoir pour les enfants du Nord
- Les kits scolaires font la différence dans la vie des élèves déplacés au Burkina Faso
- Le péril plastique contribue à l'éducation des enfants au Burkina Faso
- The Safe Space in Gourga: Rebuilding the Dignity of Women and Girls
- Les adolescents et les jeunes déplacés internes embrassent des métiers d'avenir à Dori
- Grâce à la vaccination, Tamar protège l'avenir de ses filles
- Burkina Faso : l'UNICEF renforce l'efficacité des réponses sanitaires par l'octroi de 17 véhicules
- Talata veut devenir médecin pour sauver des vies
- Fitini Show à Kaya: quand les enfants transforment l'art en plaidoyer
- Rêver et réussir : une seconde chance pour des enfants déplacés
- Jeanine et Isidore : quand les jeunes reprennent leur avenir en main
- L'école, le refuge de Joséphine
- Chaque goutte de vitamine administrée est une victoire contre la malnutrition
- L'investissement porte ses fruits : le parcours de Judith
- Soré, orpheline et déplacée, retrouve le chemin de l'école
- L'eau change la donne au Centre de santé de Kobouré

HAC APPEALS AND SITREPS

- Burkina Faso Appeals
  https://www.unicef.org/appeals/burkina-faso
- Burkina Faso Situation Reports
  https://www.unicef.org/appeals/burkina-faso/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: AVRIL 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	340,784	322,995	▲ 95%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	301,678	314,971	▲ 104%	-	-	-
Households that received at least two long-last insecticide-treated nets in humanitarian context	Total	-	23,217	16,130	▲ 69%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	2 million	2.1 million	▲ 107%	83,239	-	0%
Children 6-59 months with severe wasting admitted for treatment	Total	-	139,000	110,006	▲ 79%	83,239	26,416	▲ 32%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	450,000	550,633	▲ 122%	236,954	120,470	▲ 51%
Children 6-59 months receiving micronutrient powder	Total	-	200,000	214,259	▲ 107%	161,417	37,530	▲ 23%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	500,000	249,591	▲ 50%	755,730	117,863	▲ 16%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	150,000	146,899	▲ 98%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	6,000	1,862	▲ 31%	10,500	2,165	▲ 21%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	450,000	588,369	▲ 131%	829,045	304,495	▲ 37%
Children receiving individual learning materials	Total	-	350,000	183,429	▲ 52%	406,232	277,615	▲ 68%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	1,050	810	▲ 77%	50,000	50,100[1]	▲ 100%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	325,600	155,109	▲ 48%	1.7 million	400,980	▲ 24%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
People accessing appropriate sanitation services	Total	-	366,300	76,732	▲ 21%	1.1 million	163,533	▲ 15%
People reached with critical WASH supplies	Total	-	386,650	180,298	▲ 47%	1.2 million	257,827	▲ 21%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	2,000	-	0%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People reached with timely and life-saving information on how and where to access available services	Total	-	1.5 million	-	0%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	400,000	-	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	200,000	-	0%	-	-	-
PSEA								
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	100,000	90,364	▲ 90%	-	-	-

**Progress in the reporting period 1 January to 31 December 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health	25,266,870	2,234,263	299,055	22,733,552	90%
Nutrition	48,528,000	5,207,906	8,012,580	35,307,514	73%
Child protection and GBViE	56,748,000[2]	731,413	1,608,862	54,407,725	96%
Education	54,837,766	1,125,832	1,422,436	52,289,498	95%
WASH	59,627,502	1,049,668	2,215,761	56,362,073	95%
Social protection	2,897,875	13,316	37,171	2,847,388	98%
Cross-sectoral	4,750,000	2,533,894	1,090,824	1,125,282	24%
PSEA	2,400,000	-	-	2,400,000	100%
Total	**255,056,013**	**12,896,292**	**14,686,689**	**227,473,032**	**89%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. This indicator refers to the number of pupils for the cluster data.

2. The $56 million budget for child protection include $48 million for mental health and psychosocial support and $5 million for interventions to prevent and respond to sexual exploitation, abuse and other forms of violence.